



## HOW VOLUNTEERS CAN HELP

Volunteers contribute to The BiNA Farm in many ways. Some of the areas in which we rely upon volunteers include:

**EQUINE ASSISTED ACTIVITIES AND THERAPY PROGRAMS-** volunteers assist by leading or side walking horses during classes. They groom and saddle horses before a ride, and turn them out afterwards. They greet riders, parents and caregivers. Program Volunteers should be willing to commit to a specified, consistent period of time each week. Training sessions for Program Volunteers are offered throughout the year. Training for other volunteer jobs is done individually as the jobs dictate or as requested by volunteers.

**BARN-** volunteers help maintain the horses and the barn. They clean stalls & tack, feed and groom horses. They work directly with the Barn manager to establish a consistent schedule. Barn volunteers are also indispensable when it comes to maintaining our grounds and buildings. Volunteers are also eligible to become Barn Buddies and provide TLC to a special horse.

**LIFE SKILLS AND CREATIVE AND COMPLEMENTARY THERAPY PROGRAMS-** volunteers help with organic gardening, teaching about living green and can assist with music, art, movement and alternative therapy classes.

**OFFICE-** volunteers assist with word processing, data entry, photocopying, bulk mailings and other support tasks. They also serve as receptionists, help answer phone calls and greet families and visitors.

**CARPENTRY-** volunteers help with general maintenance, repairs and improvements of the facility, including fencing.

**FUNDRAISING-** volunteers serve on event committees and assist with production during the various fundraisers and special events that The BiNA Farm holds each year.

**PUBLIC RELATIONS-** volunteers work to keep The BiNA Farm in the news by creating press releases, taking photographs and creating videos.

For more information visit our website at [www.binafarm.org](http://www.binafarm.org) or email [info@binafarm.org](mailto:info@binafarm.org) or call 508-651-2426 (BiNA)



# The BiNA Farm, Inc. Volunteer Program

*Thank you for your interest in Volunteering at The BiNA Farm, Inc. The BiNA Farm's volunteers provide tremendous support to our programs and the time and energy you contribute will always be greatly appreciated!*

## MISSION STATEMENT

The BiNA Farm (TBF) is committed to providing a comprehensive therapeutic environment utilizing Equine Assisted Activities and Therapies (EAAT), a Life Skills Program and Creative and Complementary Therapy Programs. We bring together those with and without special needs by offering a variety of inclusive enrichment programs that will ultimately help them to thrive personally and to make their best contribution to society.

## ABOUT US

The BiNA Farm program consists of three components: Equine Assisted Activities and Therapies, Life Skills Programs and Creative and Complementary Therapies. Our programs do not focus on our clients' limitations but rather on what they can achieve. Our services are open to any person with a disability who could benefit from these special forms of therapy. These therapies do not replace other forms of treatment, but rather augment them and help our clients to reach their full potential. In fact, our instructors and therapists may work closely with the clients' physicians to create the best treatment plan.

The BiNA Farm is committed to the following goals:

- Providing a nurturing therapeutic environment that focuses on the unique challenges of each client.
- Creating an atmosphere that transcends the usual rehabilitative model.
- Bringing together those with and without special needs through a variety of enrichment programs for siblings, parents, caregivers and friends.
- Providing both short and long term support for our clients and their families.
- Treat all clients, their families, friends, staff and animals with respect, dignity, kindness and compassion.

## VOLUNTEER REQUIREMENTS

**Recommended Age:** The recommended minimum age for volunteers is fourteen years. Volunteers under the age of fourteen may be considered if they are intermediate to advanced equestrians or if a parent volunteers directly with them (based on the BiNA Farm needs).

**Ability to Work Independently:** As a non profit organization, The BiNA Farm has limited staff resources. We rely on volunteers to be able to work with minimal staff supervision.

**Volunteer Roles:** prior experience is not required to volunteer. The majority of volunteers assist our riding program as side walkers to riders, and horse leaders if they have prior horse experience. Volunteers also help feed horses, volunteer in our Life Skills and Creative and Complimentary Therapy Programs, care for the facility, support office staff and assist with special events. Some areas of volunteering require moderate physical exercise, so please be sure you are comfortable with the physical aspects of the volunteer role you select.

**Scheduling & Commitment:** Individuals must be available a minimum of two hours per week, the same day and time each week, to volunteer. New volunteers receive their assignment and schedule following their attendance in a Volunteer Orientation & Training session. Volunteer assignments and schedules are based on interest, experience and availability. Please contact our Volunteer Coordinator for a calendar of upcoming class dates.

**Registration Paperwork:** Please complete the enclosed paperwork and return to The BiNA Farm. Minors must have the parental signature on the Registration Paperwork to participate in an Orientation & Training session and to volunteer.

**New Volunteer Orientation & Training:** New volunteers are required to attend a Volunteer Orientation & training session. Sessions are conducted monthly and include both classroom and hands-on training. Because of the nature of the services we provide, The BiNA Farm reserves the right to make the final determination as to the appropriateness of volunteers for our organization. The first semester of volunteering is considered a trial period. Please contact the Volunteer Coordinator to discuss your volunteer interest and schedule the training session that works best for your schedule.



# The BiNA Farm, Inc. Volunteer Registration & Release Form

Please Print Clearly

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Check one:  Miss.  Ms.  Mrs.  Mr. Height \_\_\_\_\_ Name of Spouse \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLACE OF

EMPLOYMENT/SCHOOL \_\_\_\_\_ OCCUPATION \_\_\_\_\_

- My employer gives time off for volunteering
- My employer matches cash donations

PARENT/GUARDIAN

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

(FOR VOLUNTEERS UNDER 18 YEARS OF AGE)

REFERENCE NAME (NON

RELATIVE) \_\_\_\_\_ PHONE \_\_\_\_\_

Reason for volunteering:  personal fulfillment  school requirement  court required community service  other

How did you hear of The BiNA Farm?  friend  relative  newspaper  flyer  other

## PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

**PHOTO RELEASE:**  I **Consent** to and authorize  I **do not** consent to nor do I authorize

The use and reproduction by The BiNA Farm, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.  Initial

**LIABILITY RELEASE:** I acknowledge the risks and potential for risks of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against The BiNA Farm, Inc. and Dana Hall School, The BiNA Farm and Dana Hall Board of directors and officers, Instructors, Therapists, Aides, Volunteers, Faculty and/or Employees for any and all injuries and/or losses I may sustain while participating as a The BiNA Farm volunteer from whatever cause, including but not limited to the negligence of these related parties. This includes any other program activities I volunteer for (Rock Climbing, music, art, dance, gardening, etc.) The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.  Initial

Date: \_\_\_\_\_ Signature \_\_\_\_\_

If volunteer is under 18 years of age, both parent and volunteer signatures are required.

## CONFIDENTIALITY POLICY:

At The BiNA Farm, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of The BiNA Farm. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential Information to anyone other than The BiNA Farm staff. Volunteers must seek staff permission before taking any pictures or videos. I HAVE READ AND UNDERSTAND THE BINA FARM CONFIDENTIALITY POLICY AND AGREE TO ABIDBE BY SAME.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

If volunteer is under 18 years of age, both parent and volunteer signatures are required.



## Authorization for Emergency Medical Treatment for Volunteers

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize The BiNA Farm to:

- 1) Secure and retain medical treatment and transportation, if needed.
- 2) Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Please indicate any allergies: \_\_\_\_\_

Please indicate any disability, limitations or medical conditions that may affect your volunteer role, with or without reasonable accommodations, we should be aware of \_\_\_\_\_

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.\*

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

(For volunteers under 18 years of age, both parent and volunteer signatures are required.)

**\*If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes: \_\_\_\_\_

Medications: \_\_\_\_\_

Recent Medical tests: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_ - Tuberculosis Test + -- Date: \_\_\_\_\_

### Please Complete:

Are you current CPR & First Aid Trained? \_\_\_\_\_ Drivers license# \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a criminal offense \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, when? \_\_\_\_\_

Please Explain \_\_\_\_\_

Upon request, you may be asked to submit an application for a criminal background check. The above information may be verified, and I give permission to make inquiry of others concerning my suitability to act as a volunteer at The BiNA Farm.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

(For volunteers under 18 years of age, both parent and volunteer signatures are required)



## Volunteer Registration/Release General Information Form Continued

1. Please tell us your experience with:

- o Horses: \_\_\_\_\_
- o Individuals with disabilities: \_\_\_\_\_

2. Your Volunteer Interests:

(A) **Lesson Program Volunteer.** I am interested in volunteering for the riding program in the following way(s):

\_\_\_\_ Side walking Riders      \_\_\_\_ Horse Leading (must have horse experience)

(B) **Equine Program Volunteer**

\_\_\_\_ Horse Care, Feeding, Cleaning Paddocks, etc.

(C) **Life Skills Program**

\_\_\_\_ Organic Gardening      \_\_\_\_ Sustainable Living      \_\_\_\_ Horsemanship

(D) **Creative and Complimentary Therapy Program**

\_\_\_\_ Music      \_\_\_\_ Art      \_\_\_\_ Movement      \_\_\_\_ Complimentary Therapies

(E) **Facility/Farm Volunteer**

\_\_\_\_ General Maintenance & Repairs      \_\_\_\_ Carpentry      \_\_\_\_ Equipment Repair      \_\_\_\_ Gardening

(F) **Office Volunteer**

\_\_\_\_ Data Entry      \_\_\_\_ Reception      \_\_\_\_ General Office Support      \_\_\_\_ Mailings      \_\_\_\_ Bookkeeping

(G) **Special Events & Fundraisers Volunteer**

\_\_\_\_ Serve on Special events Planning Committees      \_\_\_\_ Provide assistance day of an event      \_\_\_\_ Baking/cooking

(H) **Special Skills Volunteers:** Do you have skills, technical/professional experience that would be beneficial to The

BiNA Farm? If so, please check those that apply:    \_\_Photography    \_\_Video    \_\_Marketing    \_\_Construction

\_\_Fundraising    \_\_Grant Writing    \_\_Computers    \_\_Graphic Design    \_\_Other? \_\_\_\_\_

3. **Please indicate your Volunteer Availability:** Please check the days and time periods you are available to volunteer. Your actual volunteer schedule will be arranged with the Volunteer Coordinator following your training and Orientation session.

	Early morning 7am-9am	Mornings 9am-12pm	Afternoons 12pm-3 pm	Late Afternoon 3pm-5pm	Evenings 5pm-7pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

In addition to your scheduled day and time, please check if you would like to be on the Volunteer Substitute list \_\_\_\_\_

Please return completed form via fax to: 508-651-2463 or email to [Maura@binafarm.org](mailto:Maura@binafarm.org) or mail to:  
 Volunteer Coordinator/ Maura Gilbert  
 The BiNA Farm, Inc.  
 66 Charles Street #301  
 Boston, MA 02114



TBINF

### Chapter 6 172H CORI Request Form

The BiNA Farm, Inc. is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

Applicant/Volunteer/Employee: Please print all information neatly

_____ LAST NAME		_____ FIRST NAME		_____ MIDDLE NAME	
_____ MAIDEN NAME OR ALIAS (IF APPLICABLE)			_____ PLACE OF BIRTH		
_____ DATE OF BIRTH		_____ SOCIAL SECURITY NUMBER		_____ MOTHER'S MAIDEN NAME	

FORMER ADDRESSES: \_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

\_\_\_\_\_

REQUESTED BY \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

DATE CORI WAS COMPLETED: \_\_\_\_\_

RESULTS: \_\_\_\_\_